

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMBAPPROVAL						
OMB Number:	3235-0076					
Expires:	April 30, 2008					
Estimated avera	ige burden					
hours per respons	c 16.00					

SEC USE ONLY							
Prefix	Seriel'						
DATE RECEIVED							
1	1						

Name of Offering (check if this is an amendment and name has changed, and indicate change 2007 Conversion of Indebtedness	ge.)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Sect Type of Filing: New Filing Amendment	ion 4(6) ULOF
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Xbridge Systems, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip of 1941 Landings Drive, Mountain View, CA 94043	Code) Telephone Number (Including Area Code) (650) 564-9800
Address of Principal Business Operations (Number and Street, City, State, Zip (if different from Executive Offices) Same as above.	Code) Telephone Number (Including Area Code) Same as above.
Brief Description of Business Network Management BEST AVAILABLE COP	PPOOR
Type of Business Organization corporation limited partnership, slready formed business trust limited partnership, to be formed	other (please specify): OCT 17 2007
Actual or Estimated Date of Incorporation or Organization: O	Estimated IHOMSON FINANCIAL
GENERAL INSTRUCTIONS	
Federal:	

Who Must File: All issuers making an offering of accurities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 430 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

SEC 1972 (5-05)

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

. Enter the information re					FICATION DATA		-, -		
	-		•						
Each promoter of	the issuer, if the is	suer h	as been organized w	ithin t	the past five years;				
 Each beneficial ow 	vner having the pov	ver to	vote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the i
 Each executive of 	licer and director o	of con	orate issuers and of	согро	rate general and mar	aging	partners of	partne	ership issuers; and
Each general and a	managing partner o	of part	nership issuers.						
theck Box(cs) that Apply:	Promoter	X	Beneficial Owner	X	Executive Officer	K	Director		General and/or Managing Partner
ull Name (Last name first,	if individual)		<u></u> _				-		-
Williams, Jr., Raymond A									
Susiness or Residence Addre		Stree	t, City, State, Zip Co	ode)					
1941 Landings Drive, Mou	ıntain View, CA 9	4043							
Check Box(cs) that Apply:	Promoter	X	Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
uli Name (Last name first,	if individual)		 -						
Johnson, S. Allan									
Johnson, S. Atlan Business or Residence Addre	css (Number and	Street	t. City. State. Zin Co	ndel					
1941 Landings Drive, Mou			., <i></i> ,, o, cip Cl	/					
 	Promoter		Beneficial Owner		Evenutive Office		Disector		General and/or
Check Box(es) that Apply:	☐ Fromoter	X	Beneficial Owner		Executive Officer		Director	Ц	General and/or Managing Partner
full Name (Last name first,	if individual)	-							
Thomas I Foodsty Taystey	a of the Thomas !	Face	eti Canamia Decima	4. T					
Thomas J. Fogarty, Trustee Business or Residence Addre			<u> </u>		ist dated 2/0/6/				
			i, City, State, 2th Ct	Jucy					
1941 Landings Drive, Mou		4043					m. /	_	
Check Box(cs) that Apply:	Promoter		Beneficial Owner	X	Executive Officer	K	Director		General and/or
									Managing Partner
Full Name (Last name first,	if individual)								Managing Partner
•	if individual)								Managing Partner
Musgrave, Susan		Stree	ı, City, State, Zip Co	ode)					Managing Partner
Musgrave, Susan Business or Residence Addre	cas (Number and		t, City, State, Zip Co	ode)					Managing Partner
Full Name (Last name first, Musgrave, Susan Business or Residence Addre 1941 Landings Drive, Mou Check Box(cs) that Apply:	cas (Number and		t, City, State, Zip Co Beneficial Owner) (apr	Executive Officer		Director		Managing Partner General and/or Managing Partner
Musgrave, Susan Business or Residence Addre 1941 Landings Drive, Mou	(Number and intain View, CA 9			ode)	Executive Officer		Director		General and/or
Musgrave, Susan Business or Residence Addre 1941 Landings Drive, Mou Check Box(es) that Apply: Full Name (Last name first,	ess (Number and intain View, CA 9 Promoter if individual)	4043	Beneficial Owner		Executive Officer		Director		General and/or
Musgrave, Susan Business or Residence Addre 1941 Landings Drive, Mou Check Box(cs) that Apply: Full Name (Last name first,	ess (Number and intain View, CA 9 Promoter if individual)	4043			Executive Officer		Director		General and/or
Musgrave, Susan Business or Residence Addre 1941 Landings Drive, Mou Check Box(cs) that Apply:	ess (Number and intain View, CA 9 Promoter if individual)	4043	Beneficial Owner		Executive Officer Executive Officer		Director		General and/or
Musgrave, Susan Business or Residence Addre 1941 Landings Drive, Mou Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addre Check Box(es) that Apply:	(Number and Intain View, CA 9 Promoter if individual) (Number and Promoter	4043	Beneficial Owner	ode)					General and/or Managing Partner General and/or
Musgrave, Susan Business or Residence Addre 1941 Landings Drive, Mou Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addre Check Box(es) that Apply: Full Name (Last name first,	ess (Number and intain View, CA 9 Promoter if individual) ess (Number and Promoter if individual)	Street	Beneficial Owner	ode)					General and/or Managing Partner General and/or
Musgrave, Susan Business or Residence Addre 1941 Landings Drive, Mou Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addre Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addre	ess (Number and intain View, CA 9 Promoter if individual) ess (Number and Promoter if individual)	Street	Beneficial Owner I. City, State, Zip Co Beneficial Owner	ode)					General and/or Managing Partner General and/or
Musgrave, Susan Business or Residence Addre 1941 Landings Drive, Mou Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addre Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addre Check Box(es) that Apply: Guidence Addre Check Box(es) that Apply:	Promoter (Number and Intain View, CA 9 Promoter if individual) Promoter if individual) Promoter if individual) Promoter Promoter	Street	Beneficial Owner City, State, Zip Co Beneficial Owner C, City, State, Zip Co	ode)	Executive Officer		Director		General and/or Managing Partner General and/or Managing Partner
Musgrave, Susan Business or Residence Addre 1941 Landings Drive, Mou Check Box(cs) that Apply: Full Name (Last name first, Business or Residence Addre	Promoter if individual)	Street	Beneficial Owner City, State, Zip Co Beneficial Owner C, City, State, Zip Co	ode)	Executive Officer		Director		General and/or Managing Partner General and/or Managing Partner

					B. If	NFORMATI	ON ABOU	T OFFERI	NG				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No ⊠		
••	Answer also in Appendix, Column 2, if filing under ULOE.										U	KON	
2.	•										s N/A		
											Yes	No	
3.	• • •										X		
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	ll Name (Last name	first, if indi	vidual)					•				
Bu	siness or	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	ip Code)						
Na	me of As	sociated Br	oker or De	aler		···········							•
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	<u> </u>					
	(Check	"All States	or check	individual	States)	***************************************	#****************** *	****************	*************			☐ All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO . LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	II Name (Last name	first, if ind	ividual)				_					
Bu	siness or	Residence	Address ()	Yumber an	d Street, C	ily, State,	Zip Code)						
Na	me of As	sociated Br	oker or De	nler								-	
Sta	tes in WI	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)	**********	************	•••••	***************************************	••••••	•••••••	□ A)	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Fu	ll Name (Last name	first, if ind	vidual)									_
Bu	Business or Residence Address (Number and Street, City, State, Zip Code)												
Na	me of As	sociated B	roker or De	nler	_				·				
Sta	ites in Wi	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)	***************						☐ All States	
	(Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI									HI MS OR WY	ID MO PA PR		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Tering Price	A	\mc	unt Already Sold
	Debt	s	0.00	S		0.00
	Equity			5	8	,590,153.27
	Common M Preserved			Ī		
	Convertible Securities (including warrants)	S	0.00	\$_		0.00
	Partnership Interests					
	Other (Specify)			_		0.00
	Total			_		,590,153.27
	Answer also in Appendix, Column 3, if filing under ULOE.			_		
2.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	•	Number Investors		Dol of	Aggregate lar Amount Purchases
	Accredited Investors	_		\$	<u>. </u>	8,590,153.27
	Non-accredited Investors					0.00
	Total (for filings under Rule 504 only)	0		S		0.00
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering	:	Type of Security			llar Amount Sold
	Rule 505					
	Regulation A					
	Rule 504					
	Total			S		
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			S.		
	Printing and Engraving Costs			S_		
	Legal Fees		······ X	S_		7,000.00
	Accounting Fees	•••••		\$_		
	Engineering Fees			\$_		
	Sales Commissions (specify finders' fees separately)			S		
	Other Expenses (identify)	•••••		S.		
	Total	****	X	\$_		7,000.00

L	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF F	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$ 8,583,157.70
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	(□\$	s
	Purchase of real estate	[s	
	Purchase, rental or leasing and installation of mac and equipment	hinery [s	
	Construction or leasing of plant buildings and faci			
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another		. 🗆 \$
	Repayment of indebtedness			s
	Working capital		s	¥ \$ 8,583,157.70
	Other (specify):		s	. 🗆 \$
			s	. 🗆 \$
	Column Totals		s	\$ 8,583,157.70
	Total Payments Listed (column totals added)	≥ \$ <u>8,</u>	583,157.70	
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fun information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commis	sion, upon writte	ale 505, the following on request of its staff
Iss	er (Print or Type)		Date	
Хb	idge Systems, Inc.	Dusan Muszaue	October 8, 2007	,
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
ç	an Musamya	Sacratory.		

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)